

REC'D JUN 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Holt  
Township  
City Oregon (No. \_\_\_\_\_)

Registration District No. 273  
Primary Registration District No. 47-19

File No. 18376  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nathan Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 4-1855</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>2</u>	DAYS <u>14</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>same</u>
	10. Date deceased last worked at this occupation (month and year) <u>about Jan. 1, 1938</u>
11. Total time (years) spent in this occupation <u>60 yrs.</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Decatur Illinois</u>
13. NAME <u>Christian Fuchman</u>

MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Elizabeth Beverick</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT (ADDRESS) <u>Lydia Smith Oregon mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oregon mo.</u> DATE <u>May-20-38</u>
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19. UNDERTAKER (ADDRESS) <u>W. J. Johnson Oregon mo.</u>
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20. FILED <u>5-15-38</u> <u>W. J. Johnson</u> Registrar.
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-18-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to May 18, 1938  
I last saw her alive on May 17, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

myocardial weakness Date of onset 5/1/38

Other contributory causes of importance: None

Name of operation none Date of \_\_\_\_\_  
(What test confirmed diagnosis? clinical Was there an autopsy? no)

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury no injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) E. F. Kearney, M. D.  
(Address) Oregon mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be accurately supplied. Note amount of stated EXACTLY. PHYSICIANS should state

